



The Commonwealth of Massachusetts
Commission on Gay, Lesbian, Bisexual & Transgender Youth
Commissioner Information

Background

The Massachusetts Commission on Gay, Lesbian, Bisexual & Transgender Youth (MCGLBTY), formerly known as the Governor's Commission on Gay and Lesbian Youth, was established in July, 2006. The Governor's Commission on Gay and Lesbian Youth was originally created in 1992 by Governor Weld to advise the Governor's Office on state policy geared toward promoting and protecting the health and safety of Gay, Lesbian, Bisexual and Transgender (GLBT) youth. This commitment by the Commonwealth of Massachusetts continues and is now strengthened by the broader support of the legislature and the development of a new membership structure.

Membership Composition

The Commission is comprised of 27 persons who are committed to suicide prevention and anti-violence work for Gay, Lesbian, Bisexual and Transgender youth. Commissioners are drawn from persons of diverse racial, ethnic, religious, age, sexual orientation, and socio-economic backgrounds throughout the Commonwealth. There are two ways to be appointed to the Commission. Commissioners can be appointed by the following organizations or can be appointed as Regional Commissioners:

Massachusetts Chapter of the National Association of Social Workers (NASW): 3 persons;

Massachusetts Coalition for Suicide Prevention (MCSP): 3 persons;

Fenway Community Health: 2 persons;

Greater Boston Parents, Families and Friends of Lesbians and Gays (GBPFLAG): 4 persons;

Massachusetts Gay and Lesbian Political Caucus (MGLPC): 2 persons;

MassEquality: 1 person;

Massachusetts Teachers Association (MTA): 1 person;

American Federation of Teachers (AFT) Massachusetts: 1 person;

Massachusetts Chapter of the American Academy of Pediatrics (AAP): 3 persons;

Gay, Lesbian and Straight Education Network (GLSEN) of Boston: 2 persons;

Massachusetts Public Health Association (MPHA): 2 persons;

Massachusetts Association of School Superintendents (M.A.S.S.): 3 persons.

Regional Commissioners may be appointed by the Commission to serve as representatives from under-represented/underserved GLBT communities and geographic regions of the Commonwealth.

On your application, indicate if you are applying from a particular organization, or if not, that you wish to be considered as a Regional Commissioner.

Role of the Commission

The Commission's responsibilities include investigating the use of resources from both the public and private sectors to enhance and improve the ability of state agencies to provide services that support Gay, Lesbian, Bisexual and Transgender youth. The Commission works in partnership with the Massachusetts Department of Public Health, the Massachusetts Department of Education, and other state agencies to develop and maintain community and school-based programs focusing on suicide and violence prevention. The Commission promotes zero-tolerance policies regarding harassment and discrimination against GLBT youth, and makes recommendations on an ongoing basis about policies and programs supporting these youth through the appropriate state agencies. The Commission also makes requests to the state legislature for adequate funding in the annual state budget for these programs.

The Appointment Process

To be considered for Commission membership by any of the appointing bodies, a completed application form must be submitted between August 15 and November 30. Appointments are typically made in December.

The completed application form should be mailed to:

Massachusetts Commission on GLBT Youth,
c/o MA Department of Public Health
250 Washington Street, 4th floor
Boston, MA 02108.

A copy of the application is kept on file and if it has been submitted by an individual or a non-designated agency, it is forwarded to the appropriate appointing body. If the applicant is appointed to the Commission, the term is two years.

For more information, or to request an application, please contact:

Jason A. Smith, Chair, MA Commission on GLBT Youth: Jason.Smith@state.ma.us or

Bernie Gardella, Administrative Assistant: 617-624-5485; Bernie.gardella@state.ma.us

Web: www.mass.gov/cgly

Applicant's Name:



The Commonwealth of Massachusetts
Commission on Gay, Lesbian, Bisexual & Transgender Youth
Commissioner Application

Instructions

To be considered for membership on the Massachusetts Commission on Gay, Lesbian, Bisexual and Transgender Youth (“Commission”), please complete this form and indicate if you would like your application to be forwarded to a specific appointing organization, or if you would like to be considered as a Regional Commissioner. Incomplete forms will not be processed. **Applications will be accepted between August 1 and November 30.**

Notification of appointment will be made in December, with new Commissioners beginning their terms in January.

The information on this application, excluding your personal contact information, will be a public record.

Please mail all three sections of your completed application to: MA Commission on GLBT Youth, c/o Massachusetts Department of Public Health, 250 Washington St., 4th Floor, Boston, MA 02108. For more information call: (617) 624-5485.

***Please make sure that your name is on each attachment.** Thank you.

Name: _____

Home Address: _____

Name of Appointing Organization or Region: _____

Contact Information (Please list information only for places it is OK for us to contact you):

Work Address: _____

Daytime Phone #: _____ **Preferred hours to call:** _____

Evening Phone #: _____ **Preferred hours to call:** _____

Cell Phone #: _____ **Preferred hours to call:** _____

Home Fax #: _____ **Work Fax #:** _____

Home E-mail _____

Work E-Mail: _____

SECTION 1 – MCGLBTY CRITERIA

- I. Please write a statement, which addresses the following three questions:
(You may use a separate sheet of paper to respond to these questions and attach your answers to the application form).
- Why are you interested in being appointed to the Commission?
 - How have you worked to advance the safety and positive development of Gay, Lesbian, Bisexual and Transgender youth?
 - Please list at least three issues concerning GLBT youth in Massachusetts that you are most interested in/concerned about?
- II. The law establishing the Commission calls for its members to be drawn from persons of diverse racial, ethnic, religious, age, sexual orientation, and socio-economic backgrounds throughout the Commonwealth. In order to recommend policies that meet the needs of all GLBT youth, a diverse representation on the Commission is integral. Voluntary information about how your appointment would contribute to these goals is welcomed and encouraged.
- III. Please give an estimate of your availability to participate as a Commission member:
- Will you be able to attend meetings of the full Commission (usually a day-long meeting during the week) held approximately four times during the year, often in various locations around Massachusetts?
 - Will you be able to serve on one or more sub-committees of the Commission, which meet approximately once per month and focus on specific areas in which issues affecting GLBT youth health and safety are addressed?
 - Will you be able to attend or participate in other related events or activities that may occur outside of regularly scheduled meeting times, occasionally including during the day?

Please note: While there are varying levels of participation in the Commission's work, the minimum commitment is as follows: Members who are absent without being excused prior to the full Commission meetings from three (3) consecutive, regularly scheduled meetings, or those who have more than five (5) total absences, excused or unexcused, during a term, after written notice shall forfeit their position and create a vacancy on the Commission. In addition, each Commission member will participate on at least one of the Commission's committees or task forces as a condition of appointment.

Reasonable accommodation shall be extended to any member who so requires because of an illness, disability, or other circumstances.

SECTION 2 – BACKGROUND INFORMATION

1. Are you currently a student? If so, where and at what level/grade?

2. Have you ever been employed by the federal, state, or local government? If yes, please list positions, periods of employment and dates:

3. Have you ever been elected or appointed to public office (including other Boards and/or Commissions) in Massachusetts? If yes, please list and include dates:

4. Please list current or past Association memberships or affiliations:

5. Have you been or are you now a registered lobbyist? If yes, please list the principals you represent(ed) and dates:

6. Is there anything in your background that could potentially compromise your membership on this Commission or the Commission's work on behalf of GLBT youth? (If you have questions or concerns about whether or not a certain matter would constitute a potential complication, please discuss them with Jason A. Smith, Chair of the Commission, at Jason.Smith@state.ma.us).

Yes _____ No _____ If yes, please give details:

7. Is there anything else you would like us to know about you, your background or your experience?

8. Please list three persons unrelated to you who would support your appointment to the MA Commission on GLBT Youth. Please also provide their contact information.

9. Please complete the attached biographical form or attach a copy of your résumé.

Thank you for your interest in serving on the Massachusetts Commission on Gay, Lesbian, Bisexual and Transgender Youth.

SECTION 3

Please describe your background and/or experience in the following areas. You may respond to these questions on a separate sheet of paper and attach your answers to the application form. (A résumé may be submitted in lieu of this section.)

1. **EDUCATIONAL BACKGROUND:** (Please list schools attended and degrees obtained)
2. **WORK EXPERIENCE:** (Please list job titles, employers, and job responsibilities.)
3. **VOLUNTEER AND/OR COMMUNITY EXPERIENCE:** (Please list organizations and/or groups that you have worked with and describe the nature of your work.)
4. **ADDITIONAL RELEVANT EXPERIENCE:** (Please list.)